

SERIAL NUMBER 09/088,259	FILING DATE 06/01/98	CLASS 280	GROUP ART UNIT 3611	ATTORNEY DOCKET NO.
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APPLICANT

SCOTT ANDREW, HOOD RIVER, OR.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

*JS*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*JS*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*JS*

FOREIGN FILING LICENSE GRANTED 06/22/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 6	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>JS</i> Examiner's Initials _____ Initials _____				

ADDRESS

~~ANDREAS H VON FLOTOW~~  
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~~HOOD RIVER OR 97031~~

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TITLE

COLLAPSIBLE BABY STROLLER AND RELEASABLE LOCKING AND FOLDING MECHANISM THEREFOR

FILING FEE RECEIVED  \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet



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<b>SERIAL NUMBER</b> 09/088,259	<b>FILING DATE</b> 06/01/1998 <b>RULE</b> -	<b>CLASS</b> 280	<b>GROUP ART UNIT</b> 3611	<b>ATTORNEY DOCKET NO.</b> -
<b>APPLICANTS</b> SCOTT A. SUTHERLAND, HOOD RIVER, OR ; ANDREAS H. VON FLOTOW, HOOD RIVER, OR ;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 06/22/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY OR	SHEETS DRAWING 6	TOTAL CLAIMS 18
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
<b>ADDRESS</b> BELL, BOYD & LLOYD P.O. BOX 1135 CHICAGO, IL 606901135				
<b>TITLE</b> COLLAPSIBLE BABY STROLLER AND RELEASABLE LOCKING AND FOLDING MECHANISM THEREFOR				
<b>FILING FEE RECEIVED</b> 395	FLES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	